

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-015175

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

47 3008 1491  
FILED MAY 6 1963

## 1. PLACE OF DEATH

a. COUNTY

Callaway

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN FultonLength of stay in 1b  
1 monthc. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION State Hospital No. 1Inside Limits  
Yes ☒ No ☐2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Missouri b. COUNTY Montgomeryc. CITY  
OR  
TOWN BellflowerInside Limits  
Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location)

Reside on Farm  
Yes ☐ No ☐3. NAME OF DECEASED  
(Type or print)First Middle Last  
Jefferson MIKEL4. DATE OF DEATH  
Month Day Year  
April 29 19635. SEX  
Male6. COLOR OR RACE  
White7. Married ☐ Never Married ☐  
Widowed ☒ Divorced ☐8. DATE OF BIRTH  
9-30-18729. AGE (last birthday)  
90IF UNDER 1 YEAR  
Months DaysIF UNDER 24 HR  
Hours Min.10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
unk10b. KIND OF BUSINESS OR INDUSTRY  
unk11. BIRTHPLACE (City and state or country)  
Kentucky12. CITIZEN OF WHAT COUNTRY  
U.S.A.

13a. FATHER'S NAME

unk

13b. MOTHER'S MAIDEN NAME

unk

14. NAME OF HUSBAND OR WIFE

unk

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of)

none

16. SOCIAL SECURITY NO.

17. INFORMANT Address  
State Hospital No. 1, Fulton, Mo.18. CAUSE OF DEATH (Enter only one cause per  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Chol. Brain syndrome with Cerebral

DUE TO (b)

Antemortem

DUE TO (c)

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)

Pneumonia

PART III. If deceased was female was  
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☒20a. ACCIDENT SUICIDE HOMICIDE  
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour Month, Day, Year  
a.m. p.m.20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

State Hospital No. 1 3-25-1963 to 4/25/63

21. I attended the deceased from the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

P.C. Renteria M.D.

22b. ADDRESS

Fulton, Missouri

22c. DATE SIGNED

4/29/63

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

23b. DATE

May 3, 1963

23c. NAME OF CEMETERY OR CREMATORY

Wellsville

23d. LOCATION (City, town, or county)

Wellsville, Mo

24. FUNERAL DIRECTOR

Howard J. Myers Wellsville, Mo

25. DATE RECD. BY LOCAL REG.

May 1-1963

26. REGISTRAR'S SIGNATURE

Maretta Lawrence

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK

OR

TYPEWRITER RIBBON

VS 300  
Rev. 4/59

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

0147

0700-

0

2

1

2

334X

93-0

1-0

JUN 20 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Howard E Myers  
Howard E Myers

Licensed Embalmer No. 4494

P. O. Address Wellsville Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.